

OBESITY PREVENTION PROGRAM

Arizona Department of Health Services

Elementary School Workgroup

June 29, 2004

Attendance – 28 People

Welcome by ADHS

The purpose of this second workgroup meeting was to build on previous work by adding strategies, identifying criteria, and selecting strategies by a dot selection process. We reviewed the program's vision, mission and goals as well as previously determined group scope of work, ground rules, plan elements and timelines (all of which can be found in May's workgroup summary).

We were hoping to announce the members of the Obesity Prevention Program Advisory Team, however were not able to do so. While we appreciate the volunteers who did come forward, we are in need of some more diversity in our group; therefore we are still looking for more volunteers to serve our program in this capacity. If you are interested, please contact your staff liaison. When we have a slate of candidates, we will need to present them to our Director, Cathy Eden, for approval.

The staff liaison identified some elements that are important to keep in mind as we move through the process of writing the comprehensive state plan including the Social Ecological Model, Social Marketing, and Centers for Disease Control and Prevention criteria for the grant and the concept of a state plan vs. a state health department plan.

All workgroup participants received a handout from the Washington State plan that outlines the Social Ecological Model. The model includes five spheres of influence that in turn affect each other. They include individual, interpersonal, institutional/organizational, community and public policy. Interventions should be based on this model, which focuses on the behavior choices of each individual as well as situations/factors within each sphere that can influence that behavior. Rather than focusing on personal behavior change interventions with groups or individuals, public health problems must be approached at multiple levels, stressing interaction and integration of factors within and across levels. ***If you did not attend the workgroup, you can get the handout at the next meeting.***

We also wanted to introduce the idea of social marketing to the workgroups. Social marketing is the application of commercial marketing concepts to the planning and implementation of programs intended to influence the voluntary behavior change of a target audience. Social marketing planning can be used to address health issues at all levels of the social-ecological model. Rather than dictating the way that information is being conveyed from the "top down", public health is using social marketing to listen to the needs and desires of the target audiences themselves and building the programs from there.

All workgroup participants also received a handout on the criteria outlined by the Centers for Disease Control and Prevention for the grant. ***You can view this separately online along with the summaries.*** These are things we have to keep in mind while moving forward with the plan.

Lastly, we wanted to re-emphasize how important it is to have buy-in from workgroup participants and local grassroots leaders. A state plan requires some of the planning and work to come from the state agency, but the bulk of the work is at the local level. It is therefore essential that we have local stakeholders who support this endeavor beyond the workgroup meetings.

Identified strategies

The workgroups reviewed the strategies from the last meeting and then did some more strategizing based on the CDC criteria that were posted for consideration. At the end of the session, the group did a selection process to select the strategies they would like to have included in the plan.

There was no limit on the number of BLUE dots they could use, however each participant could use one dot per strategy if they liked it but not more than one dot per strategy. For round two, participants were give only two RED dots to vote for the two most important strategies.

The strategies are listed in order of number of votes.

Identified Strategies

1. Establish common goals/standards for Nutrition and Physical Education for all Arizona School Districts. **15 red 14 blue**
2. Coordinate a public relations campaign targeting parents/guardians. **10 red 4 blue**
3. Change the Physical Education Policy to make it a daily requirement, influence change by piloting a program first. **5 red 15 blue**
4. Policy Change-Mandates/Theme Approach **3 red 7 blue**
 - Mandate cross-curricular Nutritional information with state/federal.
5. Develop an Activity Based Assessment Model to evaluate comprehensive health and physical activity. **3 red 5 blue**
6. Convince educators that healthy/active students are high-achieving students. **2 red 15 blue**

7. “Kit” with creative strategies for the local level. Include healthy lifestyle applications in the general curriculum. **2 red 13 blue**
8. Have a dedicated media campaign that targets schools, families and community which established a link between food health/nutrition and higher academic performance. **2 red 9 blue**
9. Get the right players involved in the plan, to include a representative from the State Board of Education. Use a lobbyist to make the plan successful. **2 red 5 blue**
10. Use CDC coordinated School Health as Model **2 red 1 blue**
11. Explore the barriers to increasing P.E. and P.A. in schools. **1 red 13 blue**
12. Fund local physical activity clubs for after-school (Boys and Girls club, YMCA etc..) **1 red 13 blue**
13. Adopt/change state standards to include health and nutrition concepts so that standards are taught at every grade level and evaluated. **1 red 12 blue**
14. Increase opportunities for before/after school activities – this in turn will decrease screen time and increase PA. **1 red 11 blue**
15. Develop community/stakeholder buy-in: Parents, teachers, school administration. **1 red 8 blue**
16. Mandate individual improvements in P.E. for different categories each school year. **1 red 6 blue**
17. Educate Parents about healthy choices – kids alone is not enough. **1 red 6 blue**
18. Include children in the planning. **1 red 3 blue**
19. Implement Policy change - Revise current school lunch program, increase public policy through grass roots efforts, increase funding for PA programs. **0 red 12 blue**
20. Encourage/support/facilitate parent-led “walking school buses” to increase PA. **0 red 11 blue**
21. Re-think curriculum – 5-a-day/portion control. **0 red 10 blue**
22. Find free resources in the Community –provide to all schools not just free and reduced meal schools, utilize what is already there, dairy council materials, five-a-day, build better bones etc. **0 red 10 blue**
23. Eliminate all non-nutritive food advertising to kids in schools. **0 red 7 blue**
24. Mandate PE in schools for all student populations. **0 red 7 blue**
25. Develop a school garden program to promote 5-a-day and understanding of the importance of fruit and vegetable consumption and production. **0 red 7 blue**
26. Social marketing campaign to change image from athlete to active in daily life, washing cars, doing yard work, playing. Promote the fact that kids who are physically active behave better in school and kids who have a nutritionally sound breakfast do better on tests and have less illness which increases attendance. **0 red 7 blue**
27. Secure funding from multiple sources to support health related PA nutrition programs at the local level. **0 red 6 blue**
28. Include healthy lifestyles applications in the general curriculum. **0 red 5 blue**
29. Eliminate-reduce junk food availability in schools. **0 red 4 blue**

30. Clean up advertising information on non-nutritive foods in schools. Change label from junk to non-nutritive. **0 red 4 blue**
31. School is a place for a visual campaign – illustrate the nutritional value of fries versus a baked potato. **0 red 2 blue**
32. Funding to implement and support all these ideas. **0 red 2 blue**
33. Use college interns to perform evaluation studies. **0 red 2 blue**
34. Secure funding so schools can use School Health Index for evaluation (or other tool) **0 red 2 blue**
35. Mandate daily recess and PE at least two times per week. **0 red 1 blue**
36. Develop a grass roots component to create local input and local solutions. **0 red 1 blue**
37. Secure state funds to support healthier choices; labor prep, kitchen facilities, fresh entrees, tax on junk food. **0 red 0 blue**